



# A STUDY ON HEALTH CONDITION OF MISING WOMEN IN A LADANCHUK VILLAGE OF DHEMAJI DISTRICT IN ASSAM

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## ABSTRACT

Health is a major indicator of Human development and also important determinants of man's quality of life. For sustainable and inclusive economic growth of a country health plays significant role. WHO in (1948) define, health is a complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health is the level of functional or metabolic efficiency of a living organism. Only free from disease does not indicate that a man is healthy. So, to reach a state of complete physical, mental and social wellbeing an individual or group must be able to identify and to realized aspirations, to satisfy needs, and to change or cope up with the environment. For proper understanding of health condition of a community there is a need to know the health of women also. Because due to biological and other condition women health many ways different from man's health. Woman of Ladanchuk village is not facing discrimination in regards to food consumption and maintaining hygiene. Women health is different from man because women has reproductive capacity which is related to general health of them. Reproductive health means people's satisfaction and capacity to maintain safe sexual life and to reproduce. Women's reproductive health includes menstrual cycle, conception status, age at first conception, gap between children, and mode of delivery, prenatal and postnatal health care and so on.

**KEYWORDS:** Health, Reproductive Health, Menstrual, Mode of Delivery, Prenatal And Postprenatal

## INTRODUCTION

Health is man's natural condition. It is a prerequisite for human development and is an essential component for the wellbeing of the mankind. It is the result of living in accordance with natural laws pertaining the body, mind and environment. The health status of an individual or group of people is often determined as much by socially and culturally constructed human practices as that by biological and environment factors. It is fact that healthy lifestyle is as much a product of health consciousness as the attitude toward life. According to the World Health Organization, the main determinant of health includes the social and economic environment, the physical environment and the person's life individual characteristic and behaviors. Therefore, for understanding health condition of Mising in Ladanchuk, there is a need to examine their health seeking behavior, diseases, pattern of treatment, for medical facility etc. Some of these factors are discuss here under.

## REVIEW OF LITERATURE

Large numbers of works were done on health condition of mising women of tribal in India, some of relevant reviews are given below: -

M.Tiwari (1987) Studies the concept of health and disease among the Mising tribe in Assam. He found that most of their illnesses derive from some of their age-old habits, poverty, and the environment in which they live.

P.C. Sarma (2002) in his book entitled 'Health and educational condition of Mishng tribes in Assam'; said that religious culture

of the Mising effect the health status of them. He has mentions that due to influence of Christianity the traditional thoughts and beliefs started to disappear which ultimately leading to an identity crisis of Mising

S. K. Shahu. (1980) in his book Health Culture of Oraons of Rourkella and its Hinterland in State of Orissa' founds that Oraons living in remote villages where no health institution are found and other Orasons living outside village particularly those who are living near steel plant of Rourkella have access to extensive network of health services. Oraons living outside villages are not rigidly holding their traditional belief on health and thus their health culture is different from that of Oraons living in villages. To him, different ecological, social, economic and occupational context determine nature of health culture of a community or society.

B.K. Behera (2009) in his book Gender, Health Status and Primitive Tribes, highlight's role of economy, education and culture in determining women's health status among Juang tribe in Keonjhar District of Orissa. To him, poverty, hunger, landlessness and illiteracy are major causes of ill health of Juang women.

K.K. Chatterjee (1987) in his book Health and Modern Tribal Society, say that the health status of tribal are very low because of their illiteracy, poverty, and non-access to scientific information and not only because of their community belief and attitude. Most of the tribal communities have wealth of folklore related to health. Documentation of this folklore available in

different socio-cultural system. These may be very rewarding and could provide a model for appropriate health care system.

## OBJECTIVES OF THE STUDY

The main objectives of the study:

1. To understand the health condition of Mising women in Dhemaji District of Assam.

## METHODOLOGY

### A. The study area:

The study was conducted in Ladanchuk village in Dhemaji district of Assam. The total area of the district is 78, 438sq. km with a population of 686, 133 out of which 351,249 are female and 334,884 are male. The rural and urban population distribution of the district is 48,285 people live in urban areas and 637,848 people live in rural area. The density of population of the district is 212 per sq. km. and the literacy rate is 72.70 % out of which 79.84% male and 65.21% female. The district headquarter is located at Dhemaji town. The district consists of six sub-divisions namely -Jonai, Machkhowa, Sissiborgaon, Bordalani and Dhemaji Development block. Ladanchuk village come under machkhowa gaon panchayat of Dhemaji sub-division.

## DATA AND METHODOLOGY

This section mainly gives a detail analysis related to sources, types, universe and unit of the study, tools and technique of data collection.

### I. Universe and unit of the Study

Ladanchuk village is the universe and near about 50% households are constituting the unit of the study. The households were selected by applying random sampling method. The ladanchuk village is situated in the eastern most part of Dhemaji district and inhabited by the Mising tribe only.

### II. Sources and Types of Data

The work is on primary and secondary sources of data. The primary data were collected from the field and respondents through structure interview scheduled and observation technique and informal discussion with the villagers. Secondary data were collected from books, journals, magazines, articles, newspapers, government and non-government official data records etc.

### III. Tools and Techniques for Data Collection

Primary data were collected through structure interview scheduled. The interview schedules certain questions related to basic information like- .Health related questions which include- personal hygiene habits, types of houses, food patterns, diseases, patterns of treatment etc.

Apart from interview scheduled, informal interview and observation were applied as a technique for primary data collection.

## HEALTH CONDITION OF MISHING WOMEN

For proper understanding of health condition of a community there is a need to know the health of women also. Because due

to biological and other condition women health many ways different from man's health. Woman of Ladanchuk village is not facing discrimination in regards to food consumption and maintaining hygiene. Women health is different from man because women has reproductive capacity which is related to general health of them. Reproductive health means people's satisfaction and capacity to maintain safe sexual life and to reproduce. Women's reproductive health includes menstrual cycle, conception status, age at first conception, gap between children, and mode of delivery, prenatal and postnatal health care and so on. Some of these are diseases here under.

### Menstrual Cycle

Normally menstrual cycle of women occurs during her reproductive age that is between the ages of 13-49 years. Respondent's menstrual cycle and related problems are displayed in the following table:

Menstrual cycle	Respondents	Percentage%
Regular	20	36.36%
Irregular	24	43.64%
Menopause	11	20%
Total	55	100

Source: Field survey from November 2022 to June 2023

Table No: 6.02 Distribution of the Respondents on the basis of Menstrual Cycle

Above table reveals that among female respondents 43.64% menstrual cycle are irregular, 36.36% female respondents have regular menstrual cycle and 20% female respondents reach the stage of menopause. Most of the respondents consider irregular menstrual circle is normal condition and for this they never approach doctor.

### Conception Status

A women's social status largely related with her child bearing capacity. Childless women received low status in society. The conception status of the respondents is given in following table.

Conception Status	Respondents	Percentage %
Yes	36	90%
No	4	10%
Total	40	100

Source: Field survey from November 2022 to June 2023

Table No: 6.03 Distribution of Female Respondents on the basis of Conception Status

Above table reveals that 90% of female respondents have children, and 10% of female respondents are childless.

### Age at First conceptions

Women's health largely affected by the age of her first conception. If a woman became mother in the early age that is pre mature age then it will create lots of health problem for her. The age at first conceptions of the respondents displayed in the following table

Age group	Respondents	Percentage%
16-17	10	27.78%
18-19	5	12.89%
20-21	7	19.44%
22-23	6	16.67%
24-25	6	16.67%
26-27	4	11.11%
28 – above	2	5.55%
Total	36	100

**Source: Field survey from November 2022 to June 2023**

**Table No: 6.04 Distribution of the respondents on the basis of Age at First Conception**

Above data shows that 27.78% female respondents conceived for first time between the time, between the age of 16-17 years, 19.44% respondents conceived at the age group of 20-21 years, 16.67% respondents each conceived between the age group of 22-23, 24-25 years, 12, 89% conceived between the age group of 18-19 years, 11.11% and 5.55% conceived for first time at the age of 26-27 years and 28 and above age respectively. There for near three tenth respondents give birth of children before attaining physical maturity and rest little than seven tenth conceived after getting physical maturity.

#### Number of Children

Along with age at first conception, giving birth of number of children also hazardous for mother's health. Number of children of the respondents is shown in the following table.

Number of Children	Respondents	Percentage %
1	15	41.67%
2	5	13.89%
3	6	16.67%
4	10	27.78%
Total	36	100

**Source: Field survey from November 2022 to June 2023**

**Table No: 6.05 Distribution of the Respondent on the basis of Number of Children**

The above table reveals that 41.67% of respondents have one child, 27.78% respondents have four children, 16.67% of respondents have three children and 13.89% of respondents have two children. So, it can be said that the female of the village does not give birth too many children.

#### Age gap between Children

If there is less space between children then both the month and children both health get affect Children's health largely depend upon mother's health. Age gap between the children of the respondents are shown in the following table.

Age gap	Respondents	Percentage%
1 year	10	27.78%
1 & half year	4	11.11%
2 year	3	8.33%
2 & half year	3	8.33%

3 years	1	2.78%
4 and above year	15	41.67%
Total	36	100

**Source: Field survey from November 2022 to June 2023**

**Table No: 6.06 Distribution of the Respondents on the basis of Age Group between Children**

The data shows that 27.78% respondents Children's age gap is one years, 11.11% respondents children's age gap is 1 and half years, 8.33% respondents children's age gap is 2 and half years and 3 and half years, 41.67% respondents age gap 4 and above one children's respectively.

#### Health Seeking Behaviour and Pregnant Women

##### Place of Delivery

Mother's health is much affected by place of delivery. Giving birth of children in an unhealthy and unhygienic atmosphere can raise of maternal as well as neonatal death. In India still large number of delivery taken place at home with the help of untrained village midwife. A remarkable change has been taken place in the health seeking behaviour of pregnant women of Mising in Ladanchuk village during last decade. Place of delivery of the female respondents are given in following table.

Place of Delivery	Respondents	Percentage%
Home	21	58.33%
Government Hospital	5	13.89%
Home and hospital	4	11.11%
Private hospital	6	16.66%
Total	36	100

**Source: Field survey from November 2022 to June 2023**

**Table No: 6.07 Distribution of the Respondents on the basis of Place of Delivery**

respondents deliver their baby to private hospital, 13.89% respondents deliver their baby at government hospital and 11.11% respondents deliver their baby home and hospital. It is found that some of the respondent deliver their first baby at home with the help of village midwife but deliver second child at hospital due to complication. Mrs. Sonali Mili 35 years old housewife said I deliver two children at home but when I became pregnant for third time, from very beginning complicacy arises. With the help of ASHA I went for checkup then doctor told me that you are a patient of anemia and it could be risky to deliver baby at home. So, I deliver my third baby at hospital. They also said that after implementation of NRHM institutional delivery increases in the village.

Only giving birth of child at hospital is not sufficient. So, it is important to know the mode of delivery and role played by nurse during the birth of child also taken into account for analysis.

Sl.No.	With the help of whom	Respondents Report	Percentage%
1.	Village midwife	21	58.33%
2.	Trained Nurse and Doctor	15	42.66%
	Total	36	100

Source: Field study during November 2023 to June 2023

**Table No: 6.07 Distribution of the Respondents family member on the basis of help they take during the child birth**

The above table reveals that 58.33% female respondents deliver their child with the help of village midwife and only 42.66% respondents deliver their child with the help of trained nurse. So, a remarkable improvement is found in the health seeking behavior of pregnant women.

### Mode of Delivery

Mode of delivery also has its effects on women health. Following table displays the mode of delivery of the respondents.

Mode of Delivery	Respondents	Percentage%
Normal	30	83.33%
Caesarean	6	16.67%
Total	36	100

Source: Field survey from November 2022 to June 2023

**Table No: 6.08. Distribution of respondents on the basis of Mode of Delivery**

The above table reveals that 83.33% of respondents deliver their baby normally and 16.67% of respondents deliver their baby with the help of caesarean. So, majority of women respondents deliver their baby normally.

### Food consumption during pregnancy

No special foods are given to pregnant women. However, few food items like papaya, coconut, pineapple are not given to them. Soon after the delivery women are preferably giving some special dishes like chicken with some medicated green leafs. Nasrai nislā (a kind of fish) with bwgrewn (a kind of medicine herb) and Manimuni (centella Asiatics)

### Adoption of Family Planning

One of the important concepts of health seeking behavior is the stabilization of population and creating gender and demographic balance. So, it gives more preference on population control by convincing eligible couple to adopt family planning. Not only this, adoption of family planning also helped to important the health condition of women. Adoption of family planning of the respondents is given below.

Sl.No.	Adopt family planning after MPW	Respondents	Percentage (%)
1.	Yes	8	22.78%
2.	No	26	77.22%
	Total	36	100

Source: Field survey from November 2022 to June 2023

**Table No.6.09 Distribution of the Respondents on the basis**

### of Adoption of family planning

The above table shows that 77.22% female respondents do not adopted family planning and 22.78% of them adopted family planning.

### Health Status

It is difficult to measure the health status of a community. It is a multi-dimensional concept that is usually measured in terms of (i) absence of physical pain, physical disability, or a condition that is likely to cause death, (ii) emotional well-being, and (iii) satisfactory social functioning. Some have advocated inclusion of the quality of an individual physical environment in the definition of health, but this dimension is not at present included in the most widely used measures of health. Health status of Mising community is studied through different indices, like death rate, maternal mortality rate, infant mortality rate, disease, treatment etc. (J. Mary 2011).

### Death Rate

For examining the health status of a community, it is important to measure death rate because it is an indicator of health status. Death rate generally measure is the ratio of total death to total population in a specified community or area over a specified period of time. It is expressed as the number of deaths per 1000 of the population per year.

$$\text{Death Rate} = \frac{\text{Number of deaths in the Population during a specified time period}}{\text{The number of persons in the population during the specified time period}} \times 1000$$

So, for calculating the death rate of Ladanchuk village, there is a need to know the number of deaths in the village population during a specific time period. For this purpose, data were collected on the number of deaths occurred in the village from January, 2015 to December,

### Diseases

Generally, disease means dysfunction or abnormal functioning of human body. Literally the term 'disease' means 'lack of ease or comfort'. In India, tribal communities are highly disease prone. The villagers are also highly vulnerable to disease with high degree of malnutrition, unhygienic living condition; casual approach towards health etc. They suffer from different types of communicable and non-communicable diseases like hepatitis, malaria, typhoid, diarrhea dysentery, jaundice, cold and cough etc. They frequently become victim of repeated epidemic of the above mention diseases. Similarly, the villagers also suffer from non-communicable diseases like- vitamin deficiency, blindness, nutritional disorder etc.

### Treatment

The health condition of the villages is not good. Most of them suffer from different types of diseases but they did not take health problems seriously. For any diseases first they try home remedies than approach Bej and Kabiraj and lastly doctor. Like other tribal community Mising also have their own custom, belief, and practices related to health and diseases. Inspire of their educational qualification and economic condition, people of Ladanchuk largely depends upon traditional health care



system. Because they believe that diseases occurred only due to black magic, and bad vision of which etc. So, for cure from only disease first they try to perpetrate which or spread through magico-religious means with the help of Baj (which doctor) or Kabiraj (medicinal men). At the same time, they also adopt same home remedies like for body pain they take glass of hot milk with turmeric powder, for cold and cough they take hot tea with ginger and tulshi juice etc.

### Health Facility

The village has one primary health sub-centre which was established in 1946. It is situated in the middle of the village. The sub-centre is the most peripheral and first contact point between the primary health-care system and the community. The Sub-Centre is run by one Auxiliary Nurse Midwife or Female Health Worker and one Male Health Worker, are expected to provide services in relations to maternal and child health, family welfare, nutrition, immunization, diarrhea control and control of communicable diseases programmes (Dilip Saikia et.al,2014). But Ladanchuk, Sub- centre is functioning irregular with only one nurse, one ASHA worker and one male watch keeper. The Sub-Centre does not have separate building it functioning for Machkhowa panchayat office and provided medicine for first aid treatment only. It is not sufficient for the villagers; some of the respondents inform that they are not happy with the service provided by sub-centre, because they give only limited medicine and refer all patients to other hospital which is approximately 4-5 km. from the village. No ambulance service is there in the village.

### CONCLUSION

Health statuses of the villagers closely related to their way of living. Most of their diseases mainly occur only due to their unhealthy life style, superstition and ignorance. In regard to treatment, they adopted different methods like magico-religious, traditional medicine, modern etc. Health seeking behavior like maintaining personal hygiene, sanitation, among the villagers is not improved much.

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